

Administrative Review 2017

Pre-Visit Information

School District:	
Business Manager Name & contact information:	Food Service Director Name & contact information:
Location of Free & Reduced-price Meal Applications:	
Reviewed School: _____	Reviewed School: _____
Breakfast Serving Time: _____	Breakfast Serving Time: _____
Lunch Serving Time: _____	Lunch Serving Time: _____
<u>Requested Documents</u> Please complete and return the following documents listed below by the date indicated on the accompanying Administrative Review Pre-Visit Information letter.	
<div style="margin-bottom: 10px;"><input type="checkbox"/> Staff Hours by day by employee for the school(s) being reviewed</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Income & Expense Detail Report from the Business Office for the month prior to the review including <ul style="list-style-type: none"> ▪ documentation of program food revenues and nonprogram food revenues ▪ documentation of program food costs and nonprogram food costs </div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Completed <i>Administrative Review Off-Site Assessment Tool</i> for SY 2017</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Direct Certification Notification Letter (<i>Question #111</i>)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> District's Charging Policy (<i>if available</i>)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Program's procedure for processing a complaint of discrimination (<i>Question #803</i>)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Supporting Documentation of Civil Rights Training for all school nutrition program staff (<i>Question #806</i>)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Wellness Policy & Supporting Documents (<i>see questions #1000-1006</i>)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> If operating any alternative service delivery models for breakfast such as Breakfast in the Classroom, Breakfast After the Bell, and Grab & Go Breakfast, please list the school(s) and type of service:</div> <div style="margin-bottom: 10px;"> </div> <div style="margin-bottom: 10px;"><input type="checkbox"/> One full week (5 consecutive days) of <u>completed</u> Production Records from the month of review for the School Breakfast & Lunch Program for the reviewed school(s)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Corresponding crediting information for the full week of submitted Breakfast & Lunch production Records including: Menu, Standardized Recipes, photocopies of actual product labels including ingredient list & nutrition facts, and Child Nutrition (CN) label if available</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Fresh Fruit and Vegetable Program Menu from the Month of Review (If applicable)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> List the school(s) and serving times of the Fresh Fruit & Vegetable Program, if applicable:</div> <div style="margin-bottom: 10px;"> </div> <div style="margin-bottom: 10px;"><input type="checkbox"/> After School Snack Program Menu & completed production records from the month of review (If applicable)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> List the school(s) and serving times of the After School Snack Program, if applicable:</div>	

Send documents to: Maine DOE Child Nutrition, 23 SHS, Augusta, Maine 04333-0023